

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17692

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: STARMOUNT LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

P.O. BOX 98100  
BATON ROUGE, LA 708989100 US

**New Principal Place of Business:**

7800 OFFICE PARK BLVD.  
BATON ROUGE, LA 70809 US

**Current Mailing Address:**

P.O. BOX 98100  
BATON ROUGE, LA 708989100 US

**New Mailing Address:**

FEI Number: 72-0977315      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DANIELS, RONALD L.  
Address: 3101 INGERSOLL AVENUE  
City-St-Zip: DES MOINES, IA 50312

Title: CD ( ) Delete  
Name: STERNBERG, HANS  
Address: 7800 OFFICE PARK BLVD.  
City-St-Zip: BATON ROUGE, LA 70809

Title: PD ( ) Delete  
Name: STERNBERG, ERICH  
Address: 7800 OFFICE PARK BLVD  
City-St-Zip: BATON ROUGE, LA 708097603

Title: TS ( ) Delete  
Name: WILD, JEFFREY  
Address: 7800 OFFICE PARK BLVD  
City-St-Zip: BATON ROUGE, LA 70809

Title: D ( ) Delete  
Name: GREER, ROBERT S JR  
Address: 7800 OFFICE PARK BLVD  
City-St-Zip: BATON ROUGE, LA 70809

Title: VD ( ) Delete  
Name: STERNBERG, DONNA W  
Address: 7800 OFFICE PARK BLVD  
City-St-Zip: BATON ROUGE, LA 708097603

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY WILD

TS

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date